

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**10/501413**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND. TYP. DEP. TYP. CLAIMS	9	1	9	1	9	1

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND. TYP. DEP. TYP. CLAIMS	9	1	9	1	9	1

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS